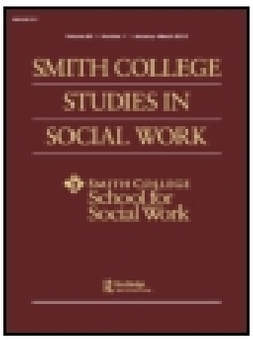

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Socially-Engineered Trauma and a New Social Work Pedagogy: Socioeducation as a Critical Foundation of Social Work Practice

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ABSTRACT

Recent social science data identifies white supremacist racism, neoliberal economic policies and cisgender-heteropatriarchy as three primary systemic engines of traumatic outcomes at the individual level. Social work pedagogy, however, fails to identify such experiences as socially-engineered trauma (SET). Lacking an explicitly anti-oppressive pedagogy, social workers attend to micro-level traumas while ignoring the macro forces leading to trauma exposure among certain populations. The term socioeducation is introduced as a method for discussing macro social systems with clients to support trauma recovery, with the goal of catalyzing client and worker participation in social justice movements seeking to disrupt oppressive systems.

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Trauma; social work pedagogy; social justice; social change; racism; transphobia; homophobia; sexism; rape culture; white supremacy; economic mobility; oppression

Introduction

This article proposes that the frameworks currently in use by social workers to address trauma are inadequate, focusing on individual psychopathology while ignoring the forces of social oppression and inequality that disproportionately predispose some groups in society to traumatic experiences. *Socially-engineered traumas* (SET) are defined as traumatic events rooted in social forces of oppression and inequality. Social work's focus on trauma's micro-level experience over its macro-level origins limits workers' options for responding to trauma at all levels. This article analyzes the context-blindness within which much social work practice takes place; identifies a need for social work pedagogy to acknowledge the impact of SET; coins the term *socioeducation* to describe the act of assisting clients to reinterpret their experiences through the lens of SET; describes a theoretical framework, the SHARP model, which social workers can use to bring a macro focus to micro practice; and offers two vignettes demonstrating potential clinical applications.

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Context blindness and trauma-informed care

Since the Vietnam War, conversations about trauma have come to occupy a central role in social work pedagogy (Wilson, Pence, & Conradi, 2013). This shift has been informed by political movements to promote victims' rights as well as by scientific advances in understanding the effects of trauma on neurodevelopment and mental and physical health. As awareness of the prevalence of trauma exposure among clients of outpatient mental health clinics, substance use treatment facilities, homeless service organizations, domestic violence shelters, carceral institutions and other social work practice sites has grown, the movement toward "trauma-informed" approaches to social service provision has become mainstream. However, such efforts typically are limited to responding to the effects of trauma rather than understanding and addressing its root causes.

Responding appropriately to individuals who have experienced trauma is crucial to ethical direct practice; however, inadequately interrogating the epidemiology of trauma has sidelined data-driven conversations about why trauma is occurring in the first place. This disconnection has been previously identified by scholars. For example, feminist trauma theorist Burstow (2003, p. 1296) notes that a diagnosis of PTSD often "individualizes social problems and pathologizes traumatized people." Drawing from critical pedagogy to develop what he called liberation psychology, Martín-Baró, Aron, and Corne (1994, p. 13) proposes that "psychologizing has served, directly or indirectly, to strengthen the oppressive structures, by drawing attention away from them and toward individual and subjective factors." Reisch (2013) and Belkin Martinez and Fleck-Henderson (2014, p. 3), apply a liberation health framework to direct social work practice in describing "the profession's focus on individualizing social problems and, as a consequence, developing individualized solutions, while minimizing the structural and institutional factors contributing to clients' problems."

This focus on the micro over the macro conflates different sources of trauma and encourages both social workers and clients to respond only to the downstream effects of trauma, its signs and symptoms, rather than also respond to the circumstances that created the problem. This imbalance results in social work that is context-blind; that is, unable or unwilling to investigate the relevant political, social and historical conditions of traumatic experiences. Indeed, traditional social work practice addresses the suffering caused by oppression while failing to address the actual oppression which led to that suffering (Jamel, 2017; Shaia, 2019; Windsor, Pinto, Benoit, Jessell, & Jemal, 2014).

While many social workers understand that a history of trauma impacts clients' current functioning, many workers do not trace those traumas back to their rooting in oppression and inequality. Consequently, they may

approach, assess, and interact with their clients as though the individual and family contexts are the primary contributors to that client's current situation. Options for how to respond to trauma are likewise constructed on the micro level. On the other hand, workers who do appreciate the impact of systemic factors on their clients' situations may not feel equipped to make use of that information in the field. Since most social workers have not been trained how to do so, they may lack the tools for engagement as well as a theoretical basis for understanding why it is crucial to address trauma from a systemic perspective.

An inadequate balance between macro and micro approaches to treating trauma sends to clients (and reinforces for social workers) the message that, since individuals and families are the primary contributors to their current situations, they bear the responsibility for fixing their problems. If clients are unable to do so, the failure is likewise theirs. Similarly, clients who are able to resolve or coexist functionally with their problems often are identified as possessing "grit" and "resilience". This narrative ignores the systemic perspective and excuses social workers from working to interrupt trauma occurring on the structural level. Focusing on grit and resilience also manifests as exceptionalism, as there will always be some clients who can achieve success in the face of structural barriers. Unfortunately, many other clients facing systemic intergenerational trauma caused by oppression will experience significant impairment. With the odds stacked against them, the fact that they are unable to rise above their situation should not be considered a fault or weakness.

The political origins of trauma

In her critique of trauma theory and treatment, Burstow (2003, p. 1306) argues that "specific traumatic events happen to specific people in specific locations and within specific contexts, and inevitably involve other human beings. As such trauma is inherently political." Indeed, certain structures within contemporary American culture, by their very nature, create trauma in the lives of "vulnerable" individuals. In particular, white supremacist racism, neoliberal economic policies, and cisgender-heteropatriarchy can be described as macro-level forces which predispose certain social groups to traumatic events on the micro level of human experience. In this way, vulnerability amongst populations is not intrinsic but externally imposed.

In macro terms, white supremacist racism can be defined as the system of norms and policies which disadvantage people of color socially and economically while privileging whites (Bonilla-Silva, 2001). Neoliberalism, a description of the prevailing economic system in America, prioritizes fiscal austerity, privatizing public goods, financial and industrial deregulation, and

dismantling the welfare state (Spolander et al., 2014). These policies have driven income inequality to levels not seen in this country since the 1920's (Center for Budget & Policy Priorities, 2019). Cisgender-heteropatriarchy refers to the legal, economic and social power that cisgender heterosexual males hold over women (Hooks, 2005) and LGBTQ people.

Racism, neoliberalism and patriarchy are macro-level engines of micro-level trauma. To illustrate, consider an African American man incarcerated for cannabis possession. He is impacted by a set of racially motivated social policies, known as the War on Drugs, which disproportionately impact communities of color and have led to massive prison overcrowding (Nunn, 2002). Informed by neoliberal economic policies, the increasingly profit-driven carceral system has failed to provide adequate psychological and occupational support for prisoners (Wamsley, 2019), creating conditions that may increase prisoners' risk of exposure to violence (Byrne & Hummer, 2007). If a prisoner identifies as queer or gender nonconforming, his risk for victimization increases further (United Nations Office of Drugs and Crime [UNODC], 2009) due to homophobia and transphobia, which are key aspects of cisgender-heteropatriarchy. Although the social forces of racism, neoliberalism and patriarchy interact in complex ways, on the individual level the end result is trauma: of incarceration, violence and/or victimization.

Because these three structures are rooted in American social and political culture, the trauma they create can be described as socially engineered. Socially-engineered trauma (SET) should be differentiated from trauma that befalls an individual due to random chance or bad luck, because SET by its nature is not random and is not distributed equally across different segments of society. Which is to say, members of society's privileged groups have less exposure to SET than members of oppressed groups: cisgender heterosexual males are less likely to be victims of sexual violence than women (Black et al., 2011) and LGBTQ people (Centers for Disease Control and Prevention, 2010), white people are less likely to be victims of police or carceral violence than people of color (Bryant-Davis, Adams, Alejandre, & Gray, 2017), and the wealthy are less likely than people with low incomes to be incarcerated when they commit crimes (Looney & Turner, 2018). In this way, SET is a function of different forms of inequality.

Whether socially-engineered or randomly-occurring, trauma can create pathology on the individual or micro level (Smelser, 2004). Mental health problems, substance use disorders, learning disabilities and physical impairments are potential consequences of trauma exposure (Brady, Killeen, Brewerton, & Lucerini, 2000; Dierker & Merikangas, 2001; McCarthy, 2001). Trauma creates barriers to functioning and leads to distress, disability, and increased morbidity and mortality (Perrin et al., 2014; Sareen, 2014). Commonly, social work clients experience these types

of barriers, which also can manifest interpersonally and on the family level (Figley & Kiser, 2013; Maschi, Baer, Morrissey, & Moreno, 2013). Over the course of the 20th century and into the 21st, researchers and scientists have generated vast amounts of data proving definitively that trauma derails human functioning; outcomes from the Adverse Childhood Experience (ACE) Study on the effects of childhood trauma have already led to changes in public policy (Association of State and Territorial Health Officials [ASTHO], 2019).

Crucially, these scientific advances also allow social workers to state with certainty something that the profession has known anecdotally for a long time: that oppression and inequality are themselves harmful. Because of available data, the relationship between inequality and oppression on the one hand and trauma on the other can now be described as causal. We also know that inequality and oppression exacerbate the effects of trauma (Goodman, 2015). Decades of epidemiological research have revealed the invisible macro structures which influence an individual's level of risk of exposure to certain traumatic events (Burstow, 2003).

Take race as an example. It is known that perceived prejudice and racist incidents can impose traumatic stress on individuals (Kramer & Hogue, 2009). This type of micro-level oppression could be called interpersonal racism and is one component of white supremacist racism. On the macro level, meanwhile, white supremacist racism informed the federal program of redlining urban neighborhoods during the 20th century (Wilson, 2008) which created resource-poor, racially segregated ghettos (Sugrue, 1993). Racism encompasses a criminal justice system in which African American defendants are, relative to whites, disadvantaged at all levels (Brewer & Heitzeg, 2008) and frequently tried by all-white juries (Anwar, Bayer, & Hjalmarsson, 2012). Racism also underlies policies that have militarized urban police departments (DeVylder et al., 2017), which contribute to traumatic police-public interactions (Brunson, 2007; Fowler, Tompsett, Braciszewski, Jacques-Tiura, & Baltes, 2009). Racism informs the notorious cocaine-crack sentencing disparity that has been a driver of African American incarceration as part of the War on Drugs (Bobo & Thompson, 2006). It explains why African Americans are paid less to work the same jobs as whites, are less able to find jobs than whites (Chetty, Hendren, Jones, & Porter, 2018) and the fact that discrimination by lenders (enabled by federal agencies) has curtailed Black homeownership, a key American method for the accumulation and intergenerational transfer of wealth (McCargo & Strochak, 2018).

These macro-level dynamics increase risk on the individual level for exposure to trauma. Within this system, African Americans are more likely to be poor, incarcerated, homeless and underemployed (Popkin & Cunningham, 2005). Children born into such conditions are at higher risk

of adverse childhood experiences than white, middle-class children (Nurius, Logan-Greene, & Green, 2012), and are more likely to be involved with the child welfare system (Stambaugh et al., 2013).

Considering economic inequality, data accumulated in the past few decades have demonstrated that America, compared with other advanced economies, has low rates of social mobility (Chetty et al., 2017). These data invalidate one of the key philosophical components of the neoliberal economic model; namely, that individuals are entirely responsible for their own economic well-being. (This philosophy is inherent in the Libertarian dictum, "Pull yourself up by your bootstraps.") Meanwhile, the accumulation of wealth at the top of the income distribution has been unprecedented (Bakija, Cole, & Heim, 2012). Large-scale tax evasion and avoidance by corporations and wealthy individuals starve the public systems within which much social work takes place. The system's failure to guarantee access to affordable housing has created an expanding homelessness crisis in many states (Chetty & Hendren, 2018). The failure of the prevailing economic model to facilitate intergenerational advancement is particularly stark for African Americans (Chetty & Hendren, 2018). Data have shown that African Americans are much more likely than whites to stay in the bottom quintile of income distribution and much less likely to move up the income distribution over a generation (Akee, Jones, & Porter, 2017). Further, data show that economic inequality exacerbates mental health problems (Nurius et al., 2012), and that the stress of poverty can disrupt parent/child attunement (Rees, 2007), increasing the risk of child maltreatment (Coulton, Korbin, Su, & Chow, 1995; Gelles, 1992; Jones & McCurdy, 1992). This political analysis offers a context for understanding higher rates of trauma exposure among economically precarious populations (Perrin et al., 2014), as low-income individuals have greater exposure and vulnerability to trauma than well-off individuals (Myers et al., 2015).

In examining gender, data show that women are the most common targets of intimate partner violence, sexual violence, stalking, and childhood sexual abuse (Morgan & Kena, 2018); we also know that the overwhelming majority of perpetrators of these crimes are cisgender heterosexual men (McKay, Misra, & Lindquist, 2017). Data indicate that these experiences are stressful and traumatic for victims (Shipherd, Maguen, Skidmore, & Abramovitz, 2011) and that they are widespread epidemiologically (Planty, Langton, Krebs, Berzofsky, & Smiley-McDonald, 2013). The unequal status of women in society relative to men also creates vulnerability: women are more likely than men to live in poverty (National Women's Law Center [NWLC], 2017), which impairs access to health care and other resources (Cawthorne, 2008). For decades, feminists have documented American "rape culture" as celebratory of male aggression and domination of women by men (Anderson & Doherty, 2007). It is in this context that we ought to

understand the disparity in rates of depression between women and men, with women twice as likely to carry this diagnosis (Baxter et al., 2014).

Sexual and gender minorities also are at higher risk for trauma and mental health disorders. Individuals endorsing sexual minority status are more likely to report symptoms of psychological distress (Cochran & Mays, 2000; Gilman et al., 2001) and are more prone to physical, verbal, and sexual abuse by family members (Roberts, Austin, Corliss, Vandermorris, & Koenen, 2010). These minority groups also are at risk of discrimination from peers and coworkers. The effect of these experiences can be exacerbated by these individuals' minority status (Hendricks & Testa, 2012; Meyer, 2003). For transgender people these concerns are even greater (Mizock & Lewis, 2008; Shipherd et al., 2011). Transgender and gender-nonconforming individuals are more likely to live in poverty than their cisgender peers (Badgett, Lau, Sears, & Ho, 2007); more likely to face harassment and discrimination in education, housing, health care and criminal justice contexts (Crissman, Berger, Graham, & Dalton, 2017); and significantly more likely to attempt suicide than non-transgender individuals (House, Van Horn, Coppeans, & Stepleman, 2011). Notably, suicide risk for transpeople decreases significantly in the context of employment and family acceptance, correlating social marginalization with psychopathological morbidity (Heck, Flentje, & Cochran, 2011; Mustanski & Liu, 2013; Tebbe & Moradi, 2016).

The theory of intersectionality (Crenshaw, 1991) proposes that membership in multiple oppressed social groups has the power to amplify an individual's experience of oppression. This theory explains why transgender African American individuals are eight times more likely to live in extreme poverty than the average American and thirty times more likely to attempt suicide (National Center for Transgender Equality, 2009). Though definitive data is lacking, young transgender women of color almost certainly die by homicide at higher rates than the general population and are more likely to be exposed to the phenomenon of "overkill," whereby extreme forms of violence are deployed in the course of the homicide (Stotzer, 2017, p. 1363).

Toward a new social work pedagogy

Given what we now know, recontextualizing traumatic events as unfolding within oppressive, unequal macro-level systems appears crucial. But incorporating these data into social work practice means reexamining our discipline's training methods, which remain broadly focused on the micro level of human experience. Conceptualizing trauma as unfolding primarily on the micro level, however, forestalls two crucial conversations: whether social workers ought to respond to structural trauma and how to do so. Whether we are macro, mezzo or micro/clinical practitioners, what is our ethical

responsibility when we work with individuals, families, groups, and communities who have been exposed to trauma?

The preamble to the National Association of Social Workers Code of Ethics states that "social workers promote social justice and social change with and on behalf of clients … and strive to end discrimination, oppression, poverty, and other forms of social injustice." (National Association of Social Workers [NASW], 2018, preamble). The preamble does not suggest that promoting social justice and social change are optional goals. Rather, the Code lays out multiple ways in which social workers may go about meeting those goals, including direct practice, community organizing, administration, advocacy, social and political action, research, and evaluation. The underlying message of the Code is that in every activity undertaken by social workers, our goal should always be ending social injustice. Social workers seeking to remain consistent with this expectation ought to address the origins of SET in addition to managing and treating trauma's distal effects.

In our work with clients, a starting place would be the explicit differentiation between SET and randomly occurring trauma. This chips away at the unspoken but ever-present message that the individuals most impacted by SET carry full responsibility and blame for their experiences. Additionally, by naming SET and its consequences in direct practice, social workers can begin to provide clients with tools for identifying, analyzing and addressing social forces which harm them. Lacking such tools, clients risk internalizing oppression and developing deeper dependency on social service delivery systems. Such systems are designed to offer short-term interventions to meet stated government and community objectives, rather than long-term or transformative solutions.

At present, the failure of our profession to train all social workers to identify SET, analyze it, engage clients around it, and work to undo it at every level of practice reflects an inconsistent relationship between our stated ethics and actual pedagogy. Unfortunately, this status quo leaves social workers under-equipped at multiple levels. This problem has two origins: the conflation of SET with randomly occurring trauma and a fear of appearing "too political." Indeed, the valorization of evidenced-based practice enables instructors to claim scientific legitimacy while avoiding conversations that challenge the status quo and cause discomfort (Abrams & Moio, 2009; Bubar, Cespedes, & Bundy-Fazioli, 2016). Yet, it is arbitrary to elevate data about micro-level interventions over data describing the impact of white supremacist racism, neoliberal economic policies and cisgender-heteropatriarchy. Despite our discomfort with these difficult topics, our profession must apply the knowledge we have gained about oppression and SET in our day-to-day work with clients. Many professional social workers lack a vocabulary for discussing SET, which contributes to the taboo surrounding necessary

phrases like "white supremacy" or "rape culture" or "resource hoarding." As a result, our professional activities have become increasingly blinkered and narrow, particularly in the context of renewed societal attention to civil rights, gender justice, environmentalism and economic fairness.

It must be acknowledged that the discomfort arising from discussions of oppression and inequality does not discredit the data underlying such discussions (Curry-Stevens, Cross-Hemmer, Maher, & Meier, 2011). Nor should we neglect conversations about oppressive systems because system change feels, in the worker's subjective experience, difficult or confusing or out of clinical bounds. The data from social science speak clearly, and ignoring these data increases the risk that social workers' interventions will prop up oppressive systems rather than help clients. The problem of socially-engineered trauma has no easy solutions, but the urgency of addressing it remains. Trauma healing and prevention must include systemic reforms which originate with the grassroots, but the language to introduce such concepts has not been adequately integrated into our classrooms, supervision practices and agencies. As a result, our service delivery continues to stress individual mental health needs. Without the analysis, language, resources and collective organizing structures to explore traumatic and oppressive structures together, the task of connecting clients to social movements – the key mechanism for facilitating system change – feels both difficult and risky for workers.

Updating crucial aspects of social work pedagogy will mean reconceptualizing the role of the social worker in society. It will also mean recognizing that many instructors feel unable to discuss SET and/or lack the skills required to facilitate sensitive in-class discussions about privilege, oppression and justice. Nevertheless, a pressing task of our profession is to embrace a pedagogical system which upholds and honors the scientific data documenting definitively that oppression and inequality are incompatible with human functioning, well-being and self-actualization.

Socioeducation: psychoeducation about SET

The process of helping clients recontextualize their experiences of trauma as stemming from oppressive systemic forces can be compared to psychoeducation, which is a fundamental evidence-based social work intervention (Lukens & McFarlane, 2004). Psychoeducation consists of transmitting relevant data about specific mental or physical health conditions to clients in an accessible format, either individually or on the family or group level. Its goals include increasing client competence in managing their condition, reducing stigma and shame associated with a particular diagnosis, and helping clients understand how they came to experience a problem. In the same way that psychoeducation promotes understanding and reduces stigma about mental health conditions, conversations with clients about SET can therefore be

called "socioeducation." Like psychoeducation, socioeducation is data-reliant. The process is also similar: the client describes a problem and the social worker, with the client's permission, shares some of what she knows about that problem.

Socioeducation should strive for outcomes comparable to psychoeducation: reduced shame and self-blame, increased knowledge of how the problem at hand impacts individual functioning, and enhanced awareness of available options for responding to the problem. Specifically, social workers would deploy socioeducation to help clients explore whether their experiences of trauma can be understood as connected to or arising from systems such as racism, patriarchy and/or neoliberalism. Appropriate, accessible language would be used to show how invisible macro forces create trauma on the individual level. In this way, socioeducation can demystify SET, just as psychoeducation about the symptoms of major depression can reduce the shame and self-blame that often accompany a major depressive episode.

Enhancing client awareness of options for responding to oppressive macro systems will necessitate connecting clients to grassroots social justice movements. For example, when working with a family experiencing food insecurity, a social worker can provide socioeducation around the impact of economic divestment on low-income communities and the resultant lack of grocery stores. A next step could be to offer a referral to an advocacy group working to change the structural inequalities of food systems. In the very same encounter, the family may be offered a referral to a food pantry. Both approaches are necessary, and both fall within social work's ethical purview. Social workers exiting training should be equally equipped for socioeducational as well as psychoeducational interventions with clients.

A framework to get us started

In order to expand the available options for identifying and addressing SET within direct social work practice, the SHARP framework (Shaia, 2019) offers a possible template (see Figure 1). This framework was constructed by the first author to address gaps in current theory about the impact of systems of oppression on social work practice. Examples exist of communities where collective action at the grassroots level has led to direct changes in oppressive systems which impact them (Staples, 2016). SHARP's constructivist, participatory framework is built on the empowerment approach to social work, which seeks to unleash human potential through holistic work with individuals and communities at both the clinical and macro levels, with justice as the rule and norm (Lee, 2001). The purpose of SHARP is to enable clients and practitioners to use

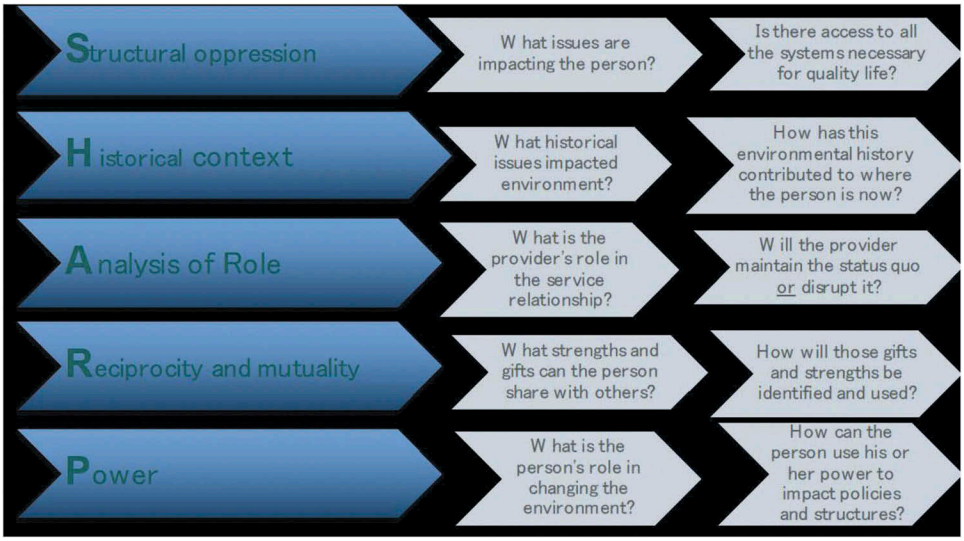

Figure 1. The SHARP framework (Shaia, 2019).

socioeducation to co-explore the historical and systemic causes of social injustice as well as approaches to reclaiming social power.

The SHARP framework lays out five components social workers should consider when working with any individuals, families, groups, and communities. The five components are: Structural oppression; Historical context; Analysis of role; Reciprocity and Mutuality; and Power.

The SHARP framework has two main goals. The first is to facilitate the development of the client's critical lens, building on client expertise and lived experience to bring the relevant social context into greater focus. Through this process, the client begins to identify structural and historical issues influencing their current situation. For example, a person struggling with homelessness who understands the history of racist housing covenants in their community becomes better able to connect the lack of affordable housing back to this history. By identifying the intentional, discriminatory contexts causing harm, the client can recognize the impact of external factors and decentralize self-blame. As such, it is the social worker's responsibility to become familiar with the unique structural and historical issues in the relevant community, and to find ways to weave that history into the conversation – in much the same way that social workers introduce information about mental health symptomatology into their conversations with clients. Such conversations are examples of socioeducational interventions, designed to subvert the individualistic discourse around trauma by thoroughly recontextualizing it.

The second goal of the SHARP framework is for the client to recognize their power to impact the systems driving SET by identifying

opportunities for collective work with others to address structural inequalities. Here, the role of the social worker is to identify and support clients in countering the dominant narratives which shape the client's conception of individual agency and then go further by connecting the client with social justice movements. As clients participate in activities designed to change the structural issues in their community, they may begin to learn that healing the wounds of trauma includes performing acts of altruism toward others (Mollica, 2008; Shaia, 2019). Below are a few excerpts of questions from the framework to consider within each of the five constructs.

Structural oppression

What are the issues in the person's physical and social environment that impact them and their ability to be successful? The social worker should consider:

- Which policies or structural issues are contributing to the person's situation?
- How are multiple overlapping structural issues contributing to the person's experience?
- How has the person internalized the oppression they have experienced?
- How can services and interventions be applied without inadvertently blaming the person for being a victim of structural oppression (Shaia, 2019)?

Historical context

What historical issues impacting the person's environment/community might be relevant to the issues the person is experiencing now? The social worker should consider:

- How has the historical context impacted the person's responses to their environment?
- In light of the historical context, how should traditional concepts of dysfunction be reconsidered?
- How might this history impact issues such as coping, trust, relationships, conflict management, pride, dignity, self-esteem, locus of control, hope, and personal or collective agency (Shaia, 2019)?

Analysis of role

What will be the provider's role in this service relationship: maintainer or disrupter of the status quo? There is no neutral space. The social worker should consider:

- How similar to or different from the person is the social worker?
- Will the social worker identify and speak to differences around race, gender, socio-economic status, sexual/gender identity, etc.? Why or why not?
- How does the social worker's personal history impact their view of the issues the person is facing?
- What biases in the social worker are triggered by working with the person?
- What personal work has the social worker done (and will continue to do) around identifying and addressing their biases?
- How do the social worker's personal privileges, biases and values impact their decision about whether to assume the role of maintainer or disrupter (Shaia, 2019)?

Reciprocity and mutuality

What strengths and gifts can the person share with the social worker and with his/her community? The social worker should consider:

- How will the social worker send the message that the person is whole, capable and worthy of self-determination, regardless of their presenting issues?
- How does the social worker bring each client's basic human need to be helpful and needed into the service relationship?
- How does the social worker remain cognizant of opportunities for the person to give to others as part of the journey toward self-determination?
- How does the social worker bring the identified issues of structural oppression and historical context into discussion as a reason for giving to others (Shaia, 2019)?

Power

What can the person do, alone and/or with others, to change the impact of historical and structural oppression? The social worker should consider:

- How experiences of intergenerational poverty and structural oppression impact the person's willingness to become involved in action.
- How what looks like apathy and disconnection might be tied to the dominant narrative of the person's worth and abilities.

- How being overwhelmed with daily challenges might make individual or collective action appear unimportant or unattainable.
- That building power is a process, and not an event.
- Whether any local grassroots social justice movement is seeking to disrupt the form of oppression in question, and whether the client is open to connecting with such a group (Shaia, 2019).

The SHARP framework is not a checklist for social workers to use with certain clients in specific settings. Every social worker is responsible for understanding the history of the community they serve, and the ways that history has shaped the region into its current form. In rural settings, understanding genocide against Native peoples, mass migration patterns, agricultural policies and shifts in land ownership is just as important as knowledge about redlining, economic divestment and abusive criminal justice policies in urban environments. Social workers are responsible for remaining updated on the changing social environment and how that environment impacts their clients. Just as clinical social workers must become adept in using psychoeducation to help clients understand how to manage and respond to mental health problems, workers who serve clients impacted by SET must learn to discuss the terms of SET with those clients. Socioeducation consists of making structural analysis accessible to clients who are victimized by oppressive systemic forces such as racism, neoliberalism and patriarchy, and exploring with them who in their community is fighting back.

This constant assessment of clients' surrounding environments must be conducted from a lens of deep introspection and self-awareness. While every social worker has the right to choose their own social, political or religious affiliation and philosophy, understanding the roots of social injustice and the need for social change does not allow social workers to dismiss oppression as unimportant or irrelevant. Again, the data are clear: SET is real, and ignoring it is incompatible with social work professional ethics.

In coming to terms with the importance of basic human rights, social workers must examine their own socialization and its impact on how they show up in the world, see their clients, and do their work. This is likely the most challenging part of using the SHARP framework because it requires deep, introspective work on the part of the social worker. We are, in theory, a profession that acknowledges the importance of self-reflection and self-growth. Yet in practice we often act like experts, sharing some forms of knowledge with our clients while holding them consciously or unconsciously in a subordinate position as recipients of our services. The SHARP framework challenges that power dynamic and requires the social worker to embark on a constant journey of discovery and growth, just like the client, and remain open to making new and difficult self-discoveries. For example,

white social workers must be able to discuss openly how they have benefited from racism, even as they commit to anti-racist social work practice.

The SHARP framework also requires the social worker to make regular decisions about how much and where to engage in disrupting the status quo. Clearly, these are challenging decisions to make, and will vary in each setting and with each client. But in each case the social worker's task is to determine where an opportunity exists to break the silent narrative which suggests that the traumas the client has experienced are of the client's own doing, and not attributable to SET. How far that conversation goes depends on the appropriateness of the situation and the client's readiness for this type of exploration. Like psychoeducation, socioeducation is always tailored to meet the client where they are; as in clinical work, the depth and complexity of the intervention grows as rapport is built. Most important here is the social worker's analysis of their own feelings, thoughts, and reactions to the process, and particularly the social worker's willingness and commitment to reengage at a later time if the client is unwilling or unable to explore disruption at a particular time. One challenge for workers will be balancing persistence with a fundamental respect for clients' ability to determine what to focus on during time-limited social work encounters.

Because the SHARP framework requires the social worker to engage with clients directly around issues of identity and power – largely taboo issues, fraught with cultural subtext – transference and countertransference reactions within the dyadic relationship will naturally emerge. Conversations about race and racism, for example, "touch deep and unconscious feelings in most individuals and may become targets for projection by both patient and therapist" (Comas-Diaz & Jacobsen, 1991, p. 392). In order to achieve the level of rapport required to discuss topics perceived as sensitive, social workers will need to understand how it feels for the client to join the worker in analyzing dynamics of race, class and gender. As such, exploring and processing the client's transferential emotional reactions to the deployment of the SHARP model will be crucial to the model's success. For example, could an African American client be downplaying her experiences of racial oppression because she fears (consciously or unconsciously) that her white social worker will perceive her as anti-white, or as an "angry Black woman"? A failure on the part of the social worker to be curious about these dynamics can create unspoken distance between provider and client; conversely, obtaining a client's consent to explore these topics together in a way that feels safe can enhance the therapeutic alliance.

Exploring and managing countertransference is likewise necessary. For instance, avoidance of the topic of racism can provide psychic relief to a white social worker who feels ashamed of the advantages conferred upon her by a system that she did not create, but still benefits from. Avoidance can similarly be used to manage the anxiety inherent in a social worker's position

of privilege with respect to a client's gender identity, sexual orientation, social class, or immigration status.

Another common countertransferential issue surrounds the feelings of despair and hopelessness that attend the recognition of the scope and entrenchment of the problems of white supremacy, rape culture and income inequality. These problems are older than America itself and there are no easy answers for how to uproot them. Given that the emotional experience of powerlessness is painful and difficult to tolerate, the social worker may unconsciously choose to spend session time on micro-level clinical or case management interventions that offer access to a feeling of efficacy. Given the multitude of problems and needs experienced by a typical social work client, it can be easy for time to run out before structural issues come up.

Within the SHARP model, there is room for the explication of the unconscious projections within both social worker and client that commonly form a layer of resistance to the analysis of SET. While transference can be productively addressed within the session as a tool to build rapport and enhance identification between client and worker, countertransference will be managed in the context of the social worker's relationship with their supervisor and colleagues, all of whom will be grappling with similar complexities in their own client encounters.

One benefit of the SHARP framework is the ease with which it can be integrated into existing evidence-based practices such as motivational interviewing, narrative therapy and cognitive therapy. A key goal of narrative therapy, for example, is to externalize the problem which brought the person to therapy so that the identified problem becomes separate from the client's identity (Morgan, 2008). An important externalizing method is to examine the broader context within which people live and the impact of larger forces on their lives. Narrative therapy, like cognitive therapy and motivational interviewing, involves gently exploring a client's way of thinking about their situation. As such, these modalities offer ready inroads for social workers who seek to help clients expand their context for understanding how problems came to occur. For example, the SHARP framework would propose that offering socioeducation around patriarchy and rape culture is an appropriate intervention when working with a survivor of sexual assault. By contextualizing individual trauma within a system where men are taught to prioritize their own sexual needs over the rights of women, clients may be more able to address shame and self-blame, common symptoms of posttraumatic stress disorder (American Psychiatric Association, 2013).

The SHARP framework requires the social worker to see the client as a fully capable member of society with the ability to join others to create social change. That is because large-scale social problems such as poverty, racism and sexual violence cannot be ended at the professional level and require broad-based grassroots mobilization. If social workers are committed

to undoing oppressive systems, they must view their clients as catalysts for disruption rather than powerless victims. Simply put, unless and until individuals at the receiving end of SET mobilize against those forces, SET will continue unabated. On the other hand, viewing the client only as the sum of their presenting problems will translate into a practice where the social worker assists the client in adapting to traumatic circumstances without questioning the context within which the trauma takes place. To the social worker with a SHARP lens, the client begins as a strong, powerful, capable member of society who has encountered structural, historical and personal challenges, and whose recovery takes place on both individual/intrapsychic as well as collective/political levels. The SHARP framework recognizes that socially-engineered trauma cannot be fully healed until the unjust systems that imposed the trauma are dismantled. The social worker's question then becomes, what tools and resources can be deployed to address these challenges?

This is a question without an easy answer. The SHARP framework does not provide the solution to addressing SET, as there is no singular solution, but offers the social worker a model for how to begin to engage with clients around these issues. Ultimately, social workers must build relationships with community organizations and activists who are addressing the forces behind SET in order to facilitate the entry of social work clients into social justice movements.

Two clinical snapshots

This section describes two fictional social work encounters in order to demonstrate potential applications of the SHARP framework. Because many social work clients experience interlocking forms of traumatic oppression, socioeducational interventions ideally will happen repeatedly over time from different angles as rapport between client and provider grows. It is entirely appropriate to engage with the SHARP framework in a piecemeal fashion, following the client's lead and deploying relevant components of the model as needed.

Case A. Jim and Manuela

Manuela is a mixed-race, cis-female public child welfare social worker near a Native American reservation in the American Southwest. Jim, her client, is a cisgender Native male in his forties seeking reunification with his children, who are currently in foster care due to substantiated allegations of physical abuse. They are meeting because Jim has had poor attendance at his court-mandated parenting classes and is in danger of failing the program. He has consistently expressed anger at the child welfare system and at Manuela, who represents it.

Coming into this encounter, Manuela is conscious of several things. First, the parenting classes take place at a white-led nonprofit organization and are not connected to the beliefs and practices of Jim's culture. Second, removing children from Native families was and is a key method of cultural genocide perpetrated by the US government against Native Peoples, despite the passage of the Indian Child Welfare Act (Crofoot & Harris, 2012). Finally, she is aware of her own heritage as Mestiza/African American and identifies as descending from survivors of genocide and colonization. She knows that the intergenerational traumas of genocide, colonization and enslavement deliberately disrupted childrearing practices cultivated by Indigenous Peoples since time immemorial. She is also aware that Jim himself spent time in foster care as a child.

Manuela senses it may be possible to use socioeducational analysis as a way to build rapport with Jim but feels hesitant to drive the conversation in a direction that may not feel right for her client. She initiates the encounter by creating space for Jim to express irritation about the parenting program and the court's expectations of him, which he says are unreasonable. Manuela uses validation and empathic reflection to help Jim feel heard and understood. He concludes by expressing a feeling of shame that his children were removed from his care.

Jim's acknowledgment of shame creates an opportunity for Manuela, and she asks his permission to offer an alternative perspective about how he came to be in his current situation. Jim assents, and so Manuela says: "Part of me wonders whether we'd be standing here talking about this if you had full access to your Tribe's traditional way of parenting. This is something I think about in my own culture: that genocide stole from us all the ways we used to do things and taught us violence instead." Manuela carefully tracks Jim's verbal and nonverbal responses to this statement to determine whether he is open to additional socioeducational analysis. Further conversations about the impact of genocide on Jim's family functioning may form the basis for a new interpersonal connection between client and worker by helping Jim appreciate that Manuela recognizes the complexity inherent in Jim's situation, rather than simply blames him for his problems.

Case B: Julie and Robert

Robert, a white cisgender male social worker, works in an urban outpatient mental health clinic. He is having his second appointment with Julie, a white transwoman sex worker struggling with methamphetamine addiction. In their previous meeting, Julie reported a history of childhood sexual trauma perpetrated by her stepfather and explained how amphetamines help her by reducing her need for sleep, preventing her from experiencing trauma-related nightmares.

From a SHARP perspective, one of Robert's goals will be to offer Julie the option to explore whether her experiences of childhood sexual trauma reflect the norms of patriarchal rape culture, wherein adult males are able to coerce others, including children, into sex. Robert is also conscious of the disproportionate rate of sexual trauma exposure among boys who grow up to be queer and/or gender-nonconforming (Paul, Catania, Pollack, & Stall, 2001). Constructing health and wellbeing as relational, Robert believes that recovering from the trauma of rape must consist, in part, of preventing that trauma from happening to others (Mollica, 2008). Because he understands rape to be a manifestation of cisgender-heteropatriarchy, he knows that trauma prevention ultimately will mean subverting the cisgender-heteropatriarchy. In this way, enhancing Julie's awareness of rape culture may one day catalyze her participation in feminist activism aimed at dismantling rape culture. Robert also knows that identifying outside forces that contributed to the trauma could help to mitigate Julie's feelings of shame and self-blame.

Prior to offering socioeducation on the topic of rape culture, however, Robert knows that several relational pieces must be in place. First, he must secure Julie's permission to discuss her trauma with her. In part this will consist of learning how it feels for Julie to receive therapy from a cis-male provider. Robert will also be curious about whether Julie's baseline perceptions about her own trauma feel balanced: to what extent does she believe the abuse was her fault, her stepfather's fault, or the fault of a culture that taught him it was acceptable to be abusive? How rigid is her belief system?

Midway through the session Robert senses that rapport is strong, so he decides to offer the following SHARP perspective to perceive how Julie reacts: "You mentioned that you think the abuse was connected to your stepfather's alcoholism. I wonder whether you also think it was connected to the fact that he knew he would probably get away with it." If Julie responds with interest, a new discussion can open up about the sociopolitical origins of sexual trauma.

Final thoughts

Social work practice can and should be understood as an evolving project of undoing socially-engineered trauma. Until we reconceptualize social workers as ethically mandated to disrupt the systems that create SET, we will remain unwitting enablers of the central problem of our society: the traumatic effects of oppression and inequality. A failure to attack SET is an implicit endorsement of the status quo.

It is incumbent upon social work educators to analyze SET with students and train them to analyze SET with their clients. These are skills which will result in clients achieving a more balanced, accurate perspective regarding the systemic forces that brought them to the attention of the social worker. To this end, socioeducation should be held on equal footing with psychoeducation. In addition

to reducing the pain of self-blame, socioeducational interactions prepare clients for political mobilization as directly affected individuals who will ultimately lead the fight against the systems that oppress them. To facilitate this further, social workers must build bridges with activists, organizers and engaged community members. Indeed, referring a client to a local grassroots social justice movement ought to be as basic a social work activity as referring a client to a food pantry. Activists themselves may require assistance from social workers to make their movements trauma-informed, safe and accessible for clients with diverse styles of functioning. In addition, social work educators must model for students an active and ongoing commitment to self-reflective anti-racism and structural analysis. Educators must ask themselves whether they are committed to addressing the root causes of trauma or are satisfied with merely managing its consequences. Our pedagogy has created a bifurcation between micro and macro social work practice; in reality, these ought to be closely linked in order to train new social workers in practices focused on undoing SET. The SHARP framework represents one option for bringing a macro lens to micro practice and is easily combined or overlaid with existing evidence-based clinical practices.

In short, social work must reflect the data from recent decades of social science research, data which paint a clear picture about the causes and consequences of trauma. Being genuinely trauma-informed means acknowledging that racism, neoliberalism and patriarchy are major drivers of individual suffering. Responding to these data ethically will consist of developing new skillsets, both pedagogically and in direct practice.

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No potential conflict of interest was reported by the authors.

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Geneen M. Godsey has a passion and commitment to supporting communities in their efforts to independently cultivate and govern equitable outcomes according to their culture, community and individual needs. Her passion has guided her toward pursuing and earning her Bachelor of Science in Psychology and Master of Social Work from Towson University and University of Maryland School of Social Work, respectively. Serving as an AmeriCorp Community Service Learning Fellow with UMBC, The Choice Program and a Youth Advocate with Hillside Work Scholarship Connection, she was fortunate to support youth to develop academically, socially and emotionally. In addition, in her role as an AmeriCorp Community Service Learning Fellow she was able to assess barriers to success for the youth and families involved with the Department of Social Services. Both her professional and academic endeavors have guided her toward serving as a Community School Coordinator (CSC) within a Baltimore City Public School. Her role as a CSC, is an avenue to continue to support individuals in attaining equitable outcomes for their families and communities.

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